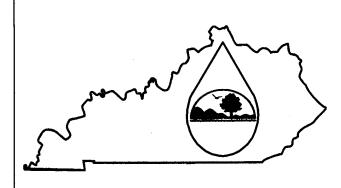
KPDES FORM 1

VAI 2096



F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check of	A complete application consists of this form and one of the											
Apply for a new permit.	following:											
Apply for reissuance of exp	Apply for reissuance of expiring permit.					Form A, Form B, Form C, Form F, or Short Form C						
Apply for a construction pe												
Modify an existing permit.		For additional in	format	ion co	ntact	:						
Give reason for modification	KPDES Branch	(502) 56	54-341	0								
		AGENCY		\overline{a})	(1)			
I. FACILITY LOCATION AND	D CONTACT INFORMATION	USE	O	\mathcal{O}_{\parallel}	\mathcal{A}	2	14	19	1 1			
A. Name of business, municipality, comp	any, etc. requesting permit	 		•								
Louisville & Jefferson County Metropolit	an Sewer District	· · · · · · · · · · · · · · · · · · ·										
B. Facility Name and Location		C. Facility Own	er/Mail	ing A	ddress	<u> </u>						
Facility Location Name:		Owner Name:							-			
Ken Carla STP		Metropolitan Sewer	r District									
Facility Location Address (i.e. street, road	i, etc.):	Mailing Street:										
8701 ½ Lynnhall Road		700 West Liberty S	treet									
Facility Location City, State, Zip Code:		Mailing City, State,		e:								
			-									
Prospect, Kentucky 40059		Louisville, Kentuck Telephone Number						-				
		(502) 564-6000	•									
II. FACILITY DESCRIPTION												
	factivities, products, etc: Residenta	al & Commercial	Wastew	ater T	reatm	ent (no	n-indus	try);				
Publically owned treatment						,		• , .				
l donouny o wines to aminoni	.,											
B. Standard Industrial Classificat	ion (SIC) Code and Description											
Principal SIC Code &	A Company of the Comp											
Description:	6552; Land Subdivision & Land I	Development										
Other SIC Codes:	4952; Sewage Treatment Fac.											
1000												
III. FACILITY LOCATION												
	yey 7 ½ minute quadrangle map for											
B. County where facility is located	City where facility is located (if applicable):											
Jefferson	Louisville											
C. Body of water receiving disch												
Harrods Creek at mile point 1.43												
D. Facility Site Latitude (degrees	Facility Site Longitude (degrees, minutes, seconds):											
38° 20' 00"		85° 37′ 25"										
E. Method used to obtain latitude	& longitude (see instructions):	USGS Topograph	nic Map						j			

, , , , , , , , , , , , , , , , , , , ,						
IV. OWNER/OPERATOR INFORMATI A. Type of Ownership:	ON					
	ed State Owned	Both Public and Private	vate Owned Federally owned			
B. Operator Contact Information (See instru		I Talantana Namban				
Name of Treatment Plant Operator: Randolph P. Kustes		Telephone Number: (502) 241-9310				
Operator Mailing Address (Street):						
5512 Hitt Lane Operator Mailing Address (City, State, Zip Code):						
Louisville, Kentucky 40241		Is the operator certified?	If yes, list certification class and number below.			
Is the operator also the owner? Yes No		Yes No				
Certification Class:	-	Certification Number: 14555				
III		14333				
	· · · · · · · · · · · · · · · · · · ·					
V. EXISTING ENVIRONMENTAL PER	RMITS		Francisco Data of Compant Parmit			
Current NPDES Number:	Issue Date of Current Perr	nit:	Expiration Date of Current Permit:			
KY0022497 Number of Times Permit Reissued:	October 1, 2002 Date of Original Permit Is	cuance.	September 30, 2007 Sludge Disposal Permit Number:			
Number of Times Permit Reissued:	Date of Original Fernit is	suarice.	Stage Disposar Fermit (amount			
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit	: Number(s):				
Kentucky Bow operational Forms		· · ·				
C. Which of the following additional environment	onmental permit/registra	ation categories will a	lso apply to this facility?			
			PERMIT NEEDED WITH			
CATEGORY	EXISTING PER	RMIT WITH NO.	PLANNED APPLICATION DATE			
	21/4		NI/A			
Air Emission Source	N/A		N/A			
Solid or Special Waste	N/A		N/A			
	27/4		N/A			
Hazardous Waste - Registration or Permit	N/A		IN/A			
	ODES (DIED.)					
VI. DISCHARGE MONITORING REP	DRTS (DMRs) bmit DMRs to the Di	vision of Water on a	regular schedule (as defined by the KPDES			
permit). The information in this section ser	ves to specifically ident	tify the department, of	ffice or individual you designate as responsible			
for submitting DMR forms to the Division	of Water.					
		1				
A. Name of department, office or official si	ubmitting DMRs:	Dennis Thomasson				
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)						
B. Address where DMR forms are to be ser	nt. (Complete only if ad	dress is different from	n mailing address in Section 1.)			
DMR Mailing Name:	Cedar Creek Wastewa	ter Plant	1			
	0407.0 1 0 1 5 1					
DMR Mailing Street:	8405 Cedar Creek Rd					
DMR Mailing City, State, Zip Code:	Louisville, Kentucky	40211				
DMR Official Telephone Number:	(502) 239-7695					

VII. APPLICATION FILING FEE

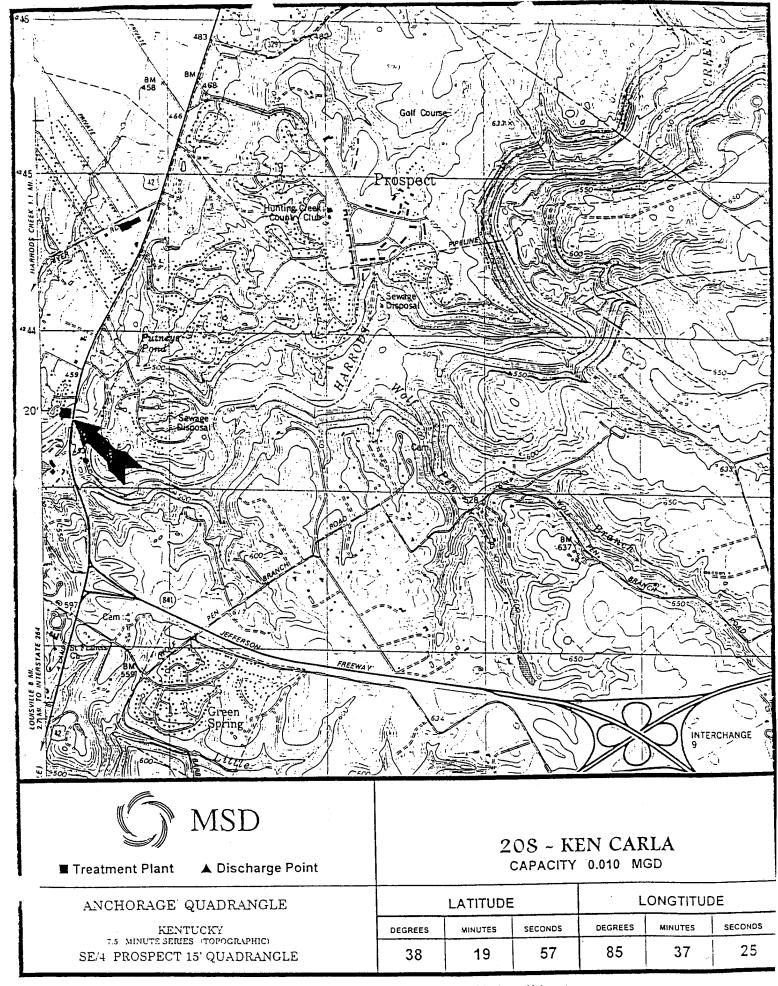
KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:		Filing Fee Enclosed:	
Public Owned Treatment Works (No Fee Due)	PUBI	N/A	

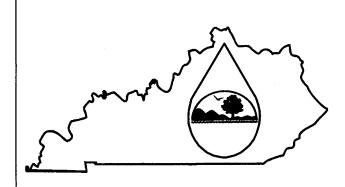
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Herbert J. Schardein, Jr Executive Director	(502) 540-6000
SIGNATURE	DATE:
$AX_{\bullet} \cap A$	1/0/0
Atland	//9/0 /
777	



KPDES FORM SC



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1. For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACIL	TY: Ken C	arla STP									
I. FACILITY DIS	CHARGE FI	REQUENCY			A	GENCY USE					
A. Do discharge(s) (Complete Item l	occur all year	·? Yes ⊠	No 🗌		•	•					
B. How many days	B. How many days per week? 7										
II. A. Give the basis Residential Connec Commercial Conne Industrial Connecti	tions: 23 ections: 2	r sizing of the	wastewater fa	cility (see inst	ructions):					
B. If new discharger, indicate anticipated discharge date:											
C. Indicate the desi		0.010	MGD								
III. Outfall Locat											
Outfall	· ` ` ` · · · · · · · · · · · · · · · ·	LATITUDE]	LONGITUDE	,				
(list)	Degrees	Minutes	Seconds	Deg	grees	Minutes	Seconds	RECEI	VING WATE	R (name)	
001	38	20	00	8	35	37	25	Harrods	Creek at mile	1.43	
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)					S topog	raphic map					

OUTFALL NO.	OPERATION(S) CONTRI	BUTING FLOW	TREATMEN	T
(list)	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001		0.0043/0.010	Manual Bar Screen	1-T
		0.0043/0.010	Activated Sludge	3-A
		0.0043/0.010	Disinfection Chlorine	2-F
		0.0043/0.010	Discharge	4-A
-				
			A STATE OF THE STA	
•	(s) of wastewater discharged. ic (60% or more sanitary sewage)	Oil field v	vaste	
☐ Noncon	tact cooling water	Other (list	t):	
	tact cooling water used at facility (except for hum	·	<u></u>	□ No
VI. Does all water	-	an consumption) flow to	<u></u>	□ No
VI. Does all water	used at facility (except for hum	an consumption) flow to	<u></u>	□ No
VI. Does all water VII. Discharge to o	used at facility (except for hum	an consumption) flow to appropriate location: Name of lake:	<u></u>	□ No
VI. Does all water VII. Discharge to o Publicly	used at facility (except for hum ther than surface waters. Check y-owned lake or impoundment	an consumption) flow to appropriate location: Name of lake:	<u></u>	□ No
VI. Does all water VII. Discharge to o Publicly Publicly Land ap	used at facility (except for hum ther than surface waters. Check y-owned lake or impoundment y-owned treatment works (POTW oplication of Effluent	an consumption) flow to appropriate location: Name of lake: Name of POTW:	<u></u>	
VI. Does all water VII. Discharge to o Publicly Publicly Land ap Surface	used at facility (except for hum ther than surface waters. Check y-owned lake or impoundment y-owned treatment works (POTW oplication of Effluent e injection (Check term and identi	an consumption) flow to appropriate location: Name of lake: Name of POTW:	o a treatment plant? Yes	; □ deep well
VI. Does all water VII. Discharge to o Publicly Publicly Land ap Surface	used at facility (except for hum ther than surface waters. Check y-owned lake or impoundment y-owned treatment works (POTW oplication of Effluent e injection (Check term and identi Circuit (Check appropriate term)	an consumption) flow to appropriate location: Name of lake: Name of POTW: fy on map) lateral fie	o a treatment plant?	;
VI. Does all water VII. Discharge to o Publicly Publicly Land ap Surface	used at facility (except for hum ther than surface waters. Check y-owned lake or impoundment y-owned treatment works (POTW oplication of Effluent e injection (Check term and identi Circuit (Check appropriate term) tals present in the discharge if a	an consumption) flow to appropriate location: Name of lake: Name of POTW: fy on map) lateral field the lateral field	o a treatment plant? Yes	; deep well impoundment . (Indicate units).
VI. Does all water VII. Discharge to o Publicly Publicly Land ap Closed VIII. Check the me Antim Arsen	used at facility (except for hum ther than surface waters. Check y-owned lake or impoundment y-owned treatment works (POTW oplication of Effluent e injection (Check term and identi Circuit (Check appropriate term) tals present in the discharge if a	an consumption) flow to appropriate location: Name of lake: Name of POTW: fy on map) lateral fie Holding tank; Mapplicable and indicate to Lead N/A	a treatment plant? Yes [d; sinkhole; sinking stream lechanical evaporation; Waste in the quantity discharged per year Silver	; deep well impoundment . (Indicate units). N/A m N/A
VI. Does all water VII. Discharge to o Publicly Publicly Land ap Surface Closed VIII. Check the me	used at facility (except for hum ther than surface waters. Check y-owned lake or impoundment y-owned treatment works (POTW oplication of Effluent e injection (Check term and identi Circuit (Check appropriate term) tals present in the discharge if a nony N/A ic N/A lium N/A	an consumption) flow to appropriate location: Name of lake: Name of POTW: fy on map) lateral field the lateral field	a treatment plant? Yes Id; sinkhole; sinking stream Iechanical evaporation; Waste in the quantity discharged per year A Silver Thallium Zinc	; deep well impoundment . (Indicate units).

2

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)						
A. Number of bypass points: 0		(If b	bypass points are indicated, information below must be completed each bypass.)			
The Trained of Sypass points.		1 - 3 - 3				
Check when bypass occurs:		☐ We	t Weather	☐ Dry Weather		
Give the number of bypass incident	ts		per year	per y	year	
Give average duration of bypass			hours	ho ho	ours	
Give average volume per incident			1,000 gallons	1,000 gall	lons	
Give reason why bypass occurs:						
B. Number of Overflow Points: 0	(If discharge is from	an overflo	w point, the information	n below must be completed.)		
Check when overflow occurs:	(II disentingo is nom		Weather	Dry Weather		
Give the number of overflow incidents:			per year	per y	year	
Give average duration of overflow:			hours	ho	ours	
Give average volume per incident:			1,000 gallons	1,000 gall	lons	
C. Number of seasonal discharge p	oints	0	,			
C. Number of seasonar disentinge p	Onto					
Give the number of times discharge	arge occurs per year			440		
Give the average volume per dis	scharge occurrence	(1,000 gallons)				
Give the average duration of each	ch discharge	(days)				
List month(s) when the discharg	ge occurs					
	. 21 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -		·			
X. AREA SERVED (see instruct	ions)					
NAM	E		ACTU	AL POPULATION SERVED		
Residential Connections			23			
Commercial Connections			2			
Industrial Connections			0			
тот	AL POPULATION S	SERVED	25 Connections			

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS N/A A. Indicate results of analysis for pollutants listed below.								
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES					
BOD ₅								
TOTAL SUSPENDED SOLIDS	-							
FECAL COLIFORM								
TOTAL RESIDUAL CHLORINE								
OIL AND GREASE								
CHEMICAL OXYGEN DEMAND								
TOTAL ORGANIC CARBON								
AMMONIA								
DISCHARGE FLOW								
РН								
TEMPERATURE (WINTER)								
TEMPERATURE (SUMMER)								

		 	
]	1		
l n n 11 / cg	1		
B. Frequency and duration of flow:	•		
1 7			

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Herbert J. Schardein, Jr. Executive Director	(502) 540-6000
SIGNATURE Charles	4/9/07
J. John J.	

KPDES Permit Application Attachments

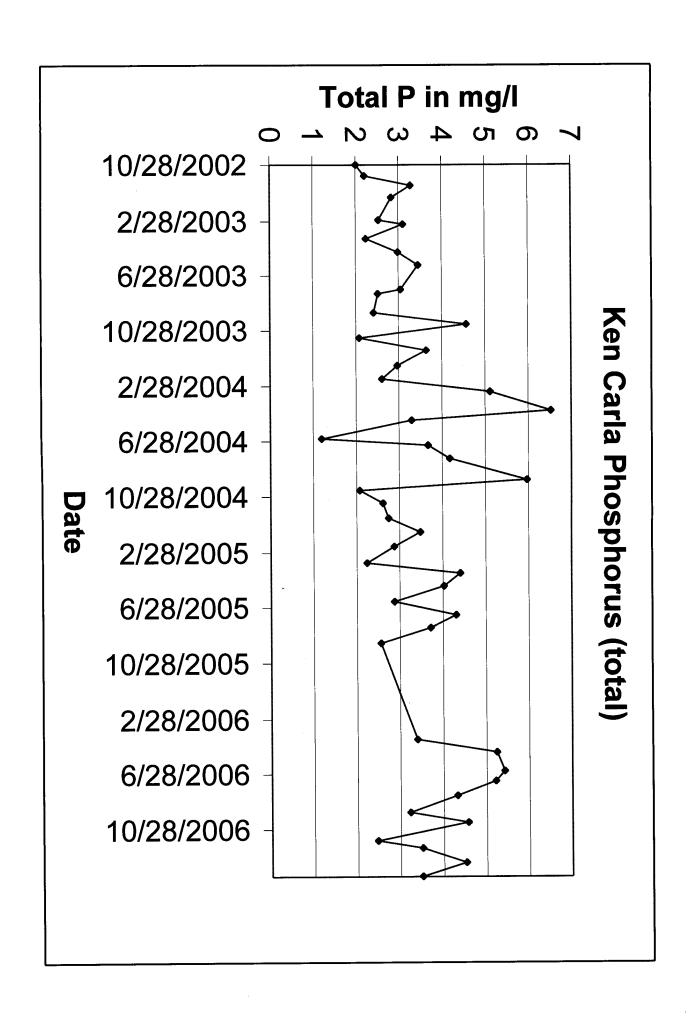
Ken Carla KY0022497 REPORTED DISCHARGE AND EXISTING LIMITS SUMMARY

Description of Discharge - Outfall Number 001 - Wastewater Treatment Plant (Effluent Requirements)

Total Phosphorus (as mg/l P)	pH, standard units	Dissolved Oxygen (mg/l)	Ammonia (as $mg/1 N)$,		Fecal Coliform (#/100 ml)	TSS (mg/1)	BOD ₅ (mg/l)	Flow, MGD (Design Flow = 0.010 MGD)	Effluent Characteristics
3.44	N/R	N/R	1.93		20	12	o. o	0.0043	Repor Average Annual Value
1.2	6.2	7.0	0.11		-	Н	F	0.001	Reported Discharge age Lowest al Monthly e Value
6.53	7.3	N/R	13.9		1000	32	U	0.014	Highest Monthly Value
Report	6.0 (min)	Not less than 7	20		200	30	C	Report	Existing Monthly Average
Report	9.0 (max)	an 7	40		400	45	ć	Report	Sting Limits Weekly Average
401 KAR 5:065, Section 2(8)	KAR 5:031, KAR 5:045,	401 KAR 5:031, Section 4 401 KAR 5:045, Section 3	401 KAR 5:031, Section 4	401 KAR 5:045, Section 4 401 KAR 5:080, Section 1(2)(c)2	401 KAR 5:031, Section 7	401 KAR 5:045, Section 3	401 KAR 5:045, Sections 3 and 5		Applicable Water Quality Criteria and/or Effluent Guidelines

Reported Discharge values were compiled from DMR data, starting with October 2002 - February 2007.

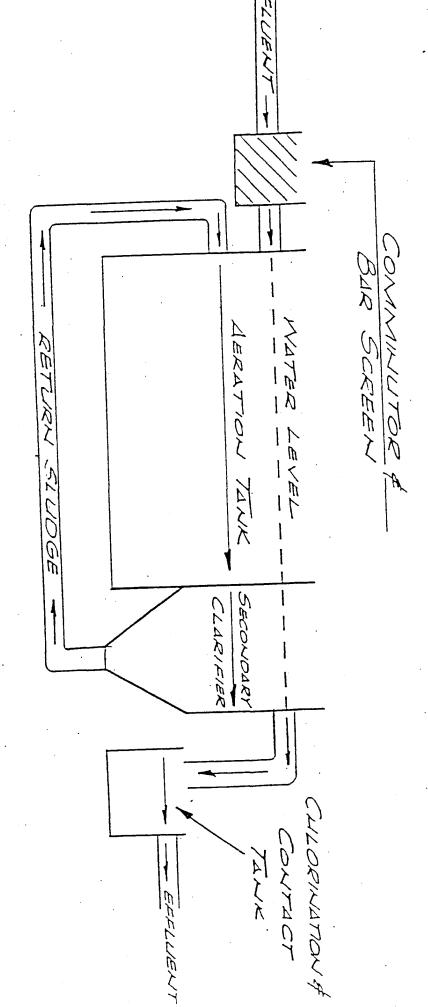
The abbreviation $\mbox{N/R}$ means Not Reported The abbreviation \mbox{BOD}_5 means Biochemical Oxygen Demand (5-day).



KY0022497 Ken Carla Total Phosphorus Data

Date	Method	Parameter	Result	Unit
10/28/2002	EPA 200.7	Total Phosphorus By ICP	2.01	mg/L
11/21/2002	EPA 200.7	Total Phosphorus By ICP	2.21	mg/L
12/12/2002	EPA 200.7	Total Phosphorus By ICP	3.29	mg/L
1/7/2003	EPA 200.7	Total Phosphorus By ICP	2.84	mg/L
2/25/2003	EPA 200.7	Total Phosphorus By ICP	2.54	mg/L
3/6/2003	EPA 200.7	Total Phosphorus By ICP	3.11	mg/L
4/7/2003	EPA 200.7	Total Phosphorus By ICP	2.24	mg/L
5/7/2003	EPA 200.7	Total Phosphorus By ICP	2.99	mg/L
6/5/2003	EPA 200.7	Total Phosphorus By ICP	3.46	mg/L
7/29/2003	EPA 200.7	Total Phosphorus By ICP	3.05	mg/L
8/7/2003	EPA 200.7	Total Phosphorus By ICP	2.52	mg/L
9/18/2003	EPA 200.7	Total Phosphorus By ICP	2.42	mg/L
10/14/2003	EPA 200.7	Total Phosphorus By ICP	4.57	mg/L
11/13/2003	EPA 200.7	Total Phosphorus By ICP	2.08	mg/L
12/11/2003	EPA 200.7	Total Phosphorus By ICP	3.64	mg/L
1/14/2004	EPA 200.7	Total Phosphorus via ICP	2.97	mg/l
2/12/2004	EPA 200.7	Total Phosphorus via ICP	2.61	mg/l
3/11/2004	EPA 200.7	Total Phosphorus via ICP	5.12	mg/l
4/22/2004	EPA 200.7	Total Phosphorus via ICP	6.53	mg/l
5/13/2004	EPA 200.7	Total Phosphorus via ICP	3.3	mg/l
6/22/2004	EPA 200.7	Total Phosphorus via ICP	1.2	mg/l
7/7/2004	EPA 200.7	Total Phosphorus via ICP	3.68	mg/l
8/5/2004	EPA 200.7	Total Phosphorus via ICP	4.18	mg/l
9/21/2004	EPA 200.7	Total Phosphorus via ICP	5.97	mg/l
10/14/2004	EPA 200.7	Total Phosphorus via ICP	2.08	mg/l
11/11/2004	EPA 200.7	Total Phosphorus via ICP	2.62	mg/l
12/14/2004	EPA 200.7	Total Phosphorus via ICP	2.75	mg/l
1/13/2005	EPA 200.7	Total Phosphorus via ICP	3.49	mg/l
2/14/2005	EPA 200.7	Total Phosphorus via ICP	2.88	mg/l
3/22/2005	EPA 200.7	Total Phosphorus via ICP	2.24	mg/l
4/14/2005	EPA 200.7	Total Phosphorus via ICP	4.41	mg/l
5/12/2005	EPA 200.7	Total Phosphorus via ICP	4.03	mg/l
6/15/2005	EPA 200.7	Total Phosphorus via ICP	2.88	mg/l
7/14/2005	EPA 200.7	Total Phosphorus via ICP	4.31	mg/l
8/11/2005	EPA 200.7	Total Phosphorus via ICP	3.72	mg/l
9/14/2005	EPA 200.7	Total Phosphorus via ICP	2.56	mg/l
4/13/2006	EPA 200.7	Total Phosphorous via ICP	3.4	mg/l
5/11/2006	EPA 200.7	Total Phosphorous via ICP	5.24	mg/l
6/21/2006	EPA 200.7	Total Phosphorous via ICP	5.42	mg/l
7/13/2006	EPA 200.7	Total Phosphorous via ICP	5.21	mg/l
8/14/2006	EPA 200.7	Total Phosphorous via ICP	4.32	mg/l
9/20/2006	EPA 200.7	Total Phosphorous via ICP	3.23	mg/l
10/12/2006	EPA 200.7	Total Phosphorous via ICP	4.57	mg/l
11/21/2006	EPA 200.7	Total Phosphorous via ICP	2.47	mg/l
12/7/2006	EPA 200.7	Total Phosphorous via ICP	3.51	mg/l
1/8/2007	EPA 200.7	Total Phosphorous via ICP	4.52	mg/l
2/7/2007	EPA 200.7	Total Phosphorous via ICP	3.51	mg/l

ユナアムロエスアント オー



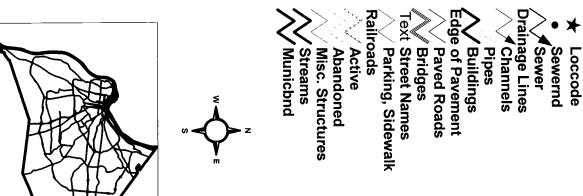
10,000 G.P.D. TREATMENT

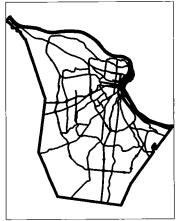
700 West Liberty St.

KY0022497 Ken Carla STP

Streetcl







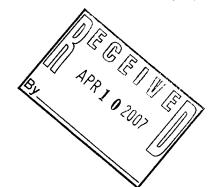
0.01

0.01

0.02 Miles



Louisville and Jefferson County Metropolitan Sewer District 700 West Liberty Street Louisville Kentucky 40203-1911 502-540-6000 www.msdlouky.org



April 9, 2007

Vickie L. Prather, Acting Supervisor Division of Water Inventory and Data Management Section KPDES Branch 14 Reilly Road Frankfort, Kentucky 40601

Subject: Renewal Application KPDES No. KY0022497

Ken Carla Wastewater Treatment Plant

Dear Ms. Prather:

Enclosed are the completed applications (Form 1 and Form SC) for the renewal of Ken Carla Wastewater Treatment Plant KPDES permit KY0022497.

If you have any questions please contact Daymond Talley at (502) 540-6980 or at talley@msdlouky.org.

Sincerely,

Herbert J. Schargein, Jr.

Executive Director

HJS/dmt

cc: D. Guthrie

A. Akridge

D. Thomasson

D. Talley

J. Kessel

M. Jenkins

R. Shaw (eB)



ERNIE FLETCHER GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION **DIVISION OF WATER** 14 REILLY ROAD FRANKFORT, KENTUCKY 40601-1190 www.kentucky.gov

April 24, 2007

TERESA J. HILL **SECRETARY**

Herbert J. Schardein, Jr., Executive Director Metropolitan Sewer District 700 West Liberty Street Louisville, Kentucky 40203

Re:

Complete KPDES Permit Application

KPDES No.: KY0022497

Ken Carla STP

Jefferson County, Kentucky

Dear Mr. Schardein:

Your Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on April 10, 2007, and has been determined complete. As per 401 KAR 5:075, Section 1(7), the official effective date of your application has been determined as April 24, 2007, the date of this notice.

this application is for new construction, appropriate plans and specifications must be submitted and a construction permit issued before construction may begin. For new facilities, the review of this application may be coordinated in accordance with 401 KAR 5:300, Section 4(1).

A technical review of your permit application will commence in the near future. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. A request for this additional information will not render your application incomplete.

If you have any questions concerning this matter, please contact Barry Elmore at (502) 564-3410, extension 459.

Sincerely,

Nancy Green, Program Coordinator

Inventory and Data Management Section

KPDES Branch

Division of Water

NG:ng

Division of Water Files

